

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		40	41	42	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		19	20	21	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		25	26	27	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		31	32	33	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		37	38	39	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		43	44	45	
III. NAME OF FACILITY					
C SKIP City of Plummer Wastewater Treatment Plant					
15 16 - 29 30 69					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 Donna Spier, City Clerk					
30 16 45 46 48 49 51 52 55					
B. PHONE (area code & no.)					
(208) 626-1641					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. Box B					
15 16 45					
B. CITY OR TOWN					
4 Plummer					
15 16 40 41 42 47 51					
C. STATE					
ID 83851					
D. ZIP CODE					
E. ZIP CODE					
F. COUNTY CODE (if known)					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 Toetley Road - SE1/4 SE1/4 S7, R4W, T46N					
15 16 45					
B. COUNTY NAME					
Benewah					
45 70					
C. CITY OR TOWN					
6 Plummer					
15 16 40 41 42 47 51 52 54					
D. STATE					
ID 83851					
E. ZIP CODE					
F. COUNTY CODE (if known)					